

OCTOBER REIMBURSEMENT REQUEST
Extended Year for Special Educators - Special Educator Stipends

Date:	School District/Charter School:
Name of Person Submitting Request:	
Please submit the following reimbursement request no later than October 1:	
Total number of special education teacher (preschool) FTEs: _____ Total number of special education teacher (school age) FTEs: _____ Total number of speech-language pathologist FTEs: _____	
Number of special educators who opted to work within two weeks before the first contract day, or during off-track time after June 30 and before October 1: Special education teacher (preschool) FTEs: _____ Special education teacher (school age) FTEs: _____ Speech-language pathologist FTEs: _____	
Total number of extended year days special educators worked within two weeks before the first contract day, or during off-track time after June 30 and before October 1: Special education teachers (preschool): _____ Special education teachers (school age): _____ Speech-language pathologists: _____	
Total stipend amount at \$200/day (not to exceed 3 days/FTE/year): _____	
Amount of additional benefits: _____ (retirement, workers' compensation, social security, Medicare)	
Total amount eligible reimbursement: _____	
<i>Please submit reimbursement request to: Cal Newbold</i> <i>Utah State Office of Education, Special Education Section</i> <i>E-mail: cal.newbold@schools.utah.gov - FAX: 801-538-7991</i>	